

**DELAWARE VALLEY SCHOOL DISTRICT
REQUEST FOR SALARY INCREASE**

Name: _____ **Building:** _____

Per the current Professional Collective Bargaining Agreement, I am requesting a salary increase based upon the completion of an additional _____ credits. Please adjust my salary from \$_____ **Step**_____ to \$_____ **Step**_____.

I understand this form must be date stamped in the District Office no later than September 1 or February 1 to be considered for Board approval for the respective semester.

Please be sure you have submitted all necessary transcripts within 45 school days of the start of the respective semester in order to be Board approved. Please note the District is not responsible for tracking credits.

Applicant Signature:	Date:
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"DISTRICT OFFICE USE ONLY"	
Date Salary Increase Request received in DO:	
Current Salary and Step:	\$ _____ <u>Step</u> _____
Requested Increase:	\$ _____ <u>Step</u> _____